Washington State Department of Social & Health Services

MAA Medical Assistance Administration

## AIRWAY OPTICAL ORDERING FORM

# Airway Optical

**USE ONLY FOR WASHINGTON STATE MEDICAID SERVICES**

PROVIDER NAME AND ADDRESS

TRAY NUMBER

DATE ORDERED

| | SPHERE | CYLINDER | AXIS | PRISM | BASE | DECENTRATION |
|---|---|---|---|---|---|---|
| R | | | | | | |
| L | | | | | | |

| | ADD POWER | HEIGHT | WIDTH | INSET | TOTAL INSET | PULPILLIARY WIDTH DISTANCE | PULPILLIARY WIDTH NEAR |
|---|---|---|---|---|---|---|---|
| R | | | | | | | |
| L | | | | | | | |

| SINGLE VISION | FLAT TOP | ROUND | 7X2.8 TRIFOCAL | OTHER | SAFETY |
|---|---|---|---|---|---|
| | | | | | |

☐ Glass ☐ Plastic ☐ Other: _____ ☐ Scratch Coat ☐ Tint: _____

| FRAME NAME: / FRAME COLOR: | EYE SIZE | DBL | TEMPLE LENGTH | TEMPLE TYPE | CIRC. |
|---|---|---|---|---|---|
| | | | | | |

SPECIAL INSTRUCTIONS:

**ALL ITEMS IN THIS SECTION MUST BE FILLED OUT COMPLETELY**

PATIENT NAME (LAST, FIRST, MI)

| PIC NO. | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

ICD-9 DX CODE

PRIOR AUTHORIZATION NUMBER

PROVIDER NUMBER: | | | | | | | | - | | PROVIDER'S COUNTY

## Airway Optical

**Fax or send to:** Correctional Industries
11919 W. Sprague Ave
PO Box 1959
Airway Heights WA 99001-1959
Call Toll Free: 1-888-606-7788
FAX: 1-888-606-7789

MEDICAL RECORD NUMBER

| FINAL INSPECTION | DROP BELL | ELIGIBILITY VERIFICATION |
|---|---|---|
| | | |

This Is A Numerically Controlled Form

**USE ONLY ONCE**

**DSHS 13-355 (06/2005)**

**A copy of the client's DSHS Medical Coupon must be included.**